Sexual and reproductive health and human rights

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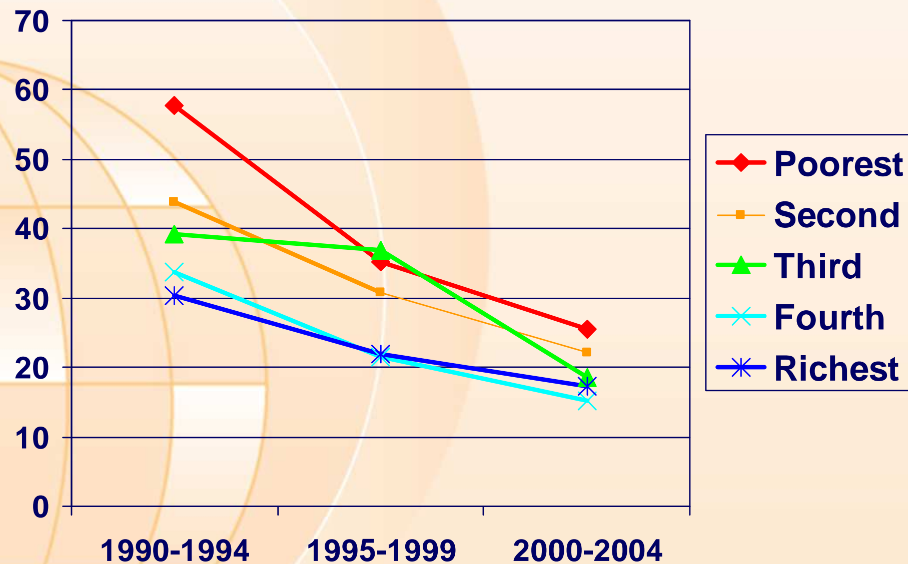
Human rights are central to SRH

- The ICPD Programme of Action (1994) and the WHO Global Strategy for Reproductive Health (2004) define sexual and reproductive health and clearly ground these concepts within human rights.
- No other area of health is so deeply affected by socio-cultural norms, gender issues, inter-personal relationships, and religious beliefs.
- No other area of health is so dependant on the realisation of the rights to:
  - Equality and non-discrimination
  - Education
  - Highest attainable standard of physical and mental health
  - Social security
  - Protection of the family and children
  - Benefit from scientific progress

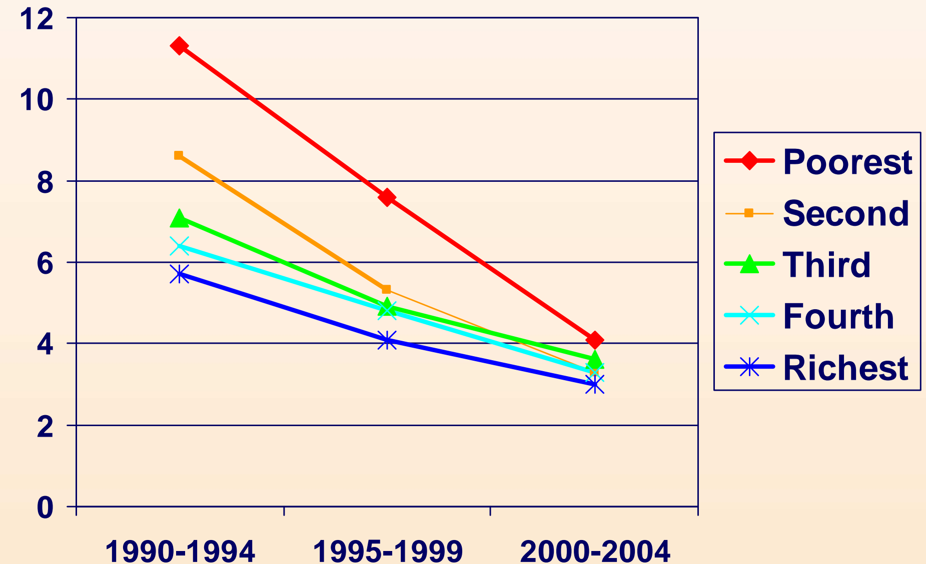
Like many other areas of health, SRH ill-health is a disease of poverty

- The poorest have least access to services such as: contraception, antenatal care, skilled attendance at birth, or infertility care.
- Yet this does not have to be so
  - Chile provides the example of a country that was able to reduce maternal and infant mortality very substantially, while decreasing the gap between poor and rich in this regard.
  - A strong family planning programme - as operates in Bangladesh - can ensure access to contraception to rich and poor alike

Maternal mortality ratio and infant mortality rate by district socioeconomic quintile Chile, 1990-2004



Maternal deaths per 100 000 live births



Infant deaths per 1000 live births

Source: Gonzalez et al, 2009

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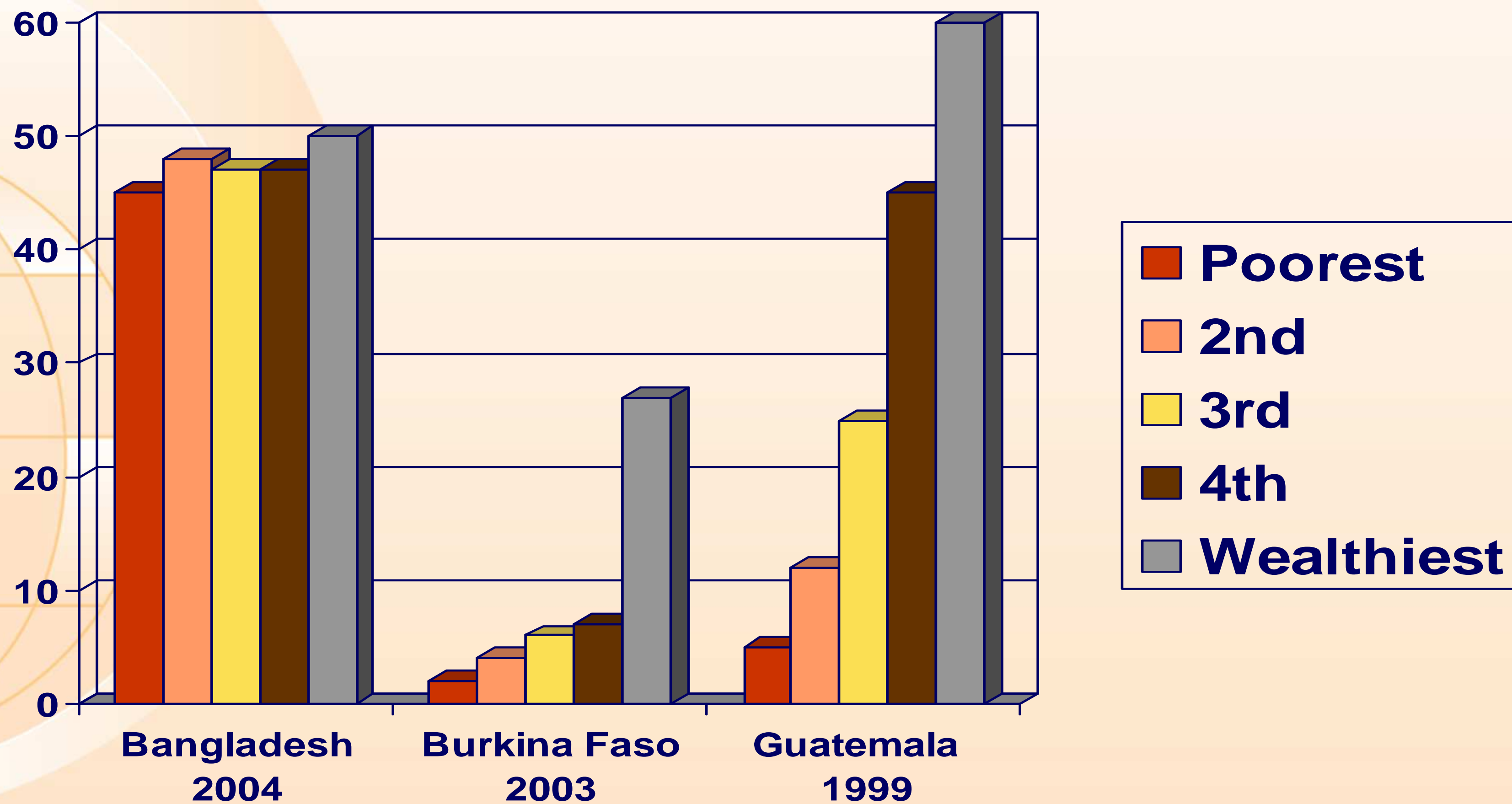
% women using modern contraception by wealth quintile



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Source: WHO, 2010

But other discriminatory aspects are more specific to SRH

- Unlike other health services, many SRH programmes and services discriminate on the basis of:
  - marital status
  - age
  - sexual orientation
  - gender identity
  - HIV status
  - etc.

Access to contraception is limited for young people (40 countries with data available)

Unmet need - 15-19 y/o (%)

60
50
40
30
20
10
0

0 10 20 30 40 50 60

Unmet need - general population (%)

(Source: UN Millennium Project, 2006)

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Human rights standards

- Countries have signed on a compact to achieve the MDGs by 2015.
- To achieve universal access to reproductive health (MDG 5, target 5B) by 2015, it is critically important that States use human rights standards to advance SRH.
- States need further interpretive guidance of the ICESCR from this Committee, particularly regarding the constellation of human rights that support SRH and their related obligations.

Selected areas for particular consideration

- Family planning:
  - Access to correct, evidence-based information
  - Access to a full range of contraceptive methods, including emergency contraception
  - Elimination of financial and legal barriers
- Adolescents:
  - Comprehensive and objective sexuality education that is age appropriate, starting in childhood and through adolescence
  - Access to SRH services without parental consent according to their evolving capacity and when in their best interest, in-line with principles of privacy and confidentiality

Selected areas for particular consideration (cont[d])

- Abortion
  - Safe, accessible services when abortion is permitted by law
  - Broader legal grounds for safe abortion
  - Regulations of providers' exercise of conscientious objection such that services remain accessible to women
- Sexual health
  - Decriminalization of sexuality related issues and consensual sexual activity among adults such as: same sex sex, HIV transmission, sex work, sex outside of marriage (evidence shows that criminalization leads to stigma and violence, limits access to services, and generates poor health outcomes)
  - Affirmation that criminalization of transmission of HIV/AIDS is an ineffective means of preventing HIV transmission and threatens women’s human rights
  - Protection of the rights of individuals, e.g. HIV+, lesbian, gay bisexual, transgender and intersex people, sex workers)

Determinants of health include characteristics of the health system and factors outside of the health sector

- Maternal mortality and morbidity are affected by:
  - the geographical coverage and the costs of services
  - the allocation of resources to basic health infrastructure, equipment, drugs
  - the number and qualification of providers

and also by more distal determinants, such as:

  - lack of participation of women and girls in decision-making regarding their health
  - illiteracy
  - gender-based violence

In many settings, data are not collected to allow proper programme planning and development

- Limited registration of births and deaths
- No investigation on such issues as:
  - the sexual behaviour of adolescents, their access to care
  - the extent of unsafe abortion as a cause of maternal death
  - the SRH situation of migrants, refugees, displaced populations ; that of handicapped individuals ; that of individuals of different sexual orientation
  - the extent of medical tourism for SRH care
  - the SRH situation of CSW and their access to care

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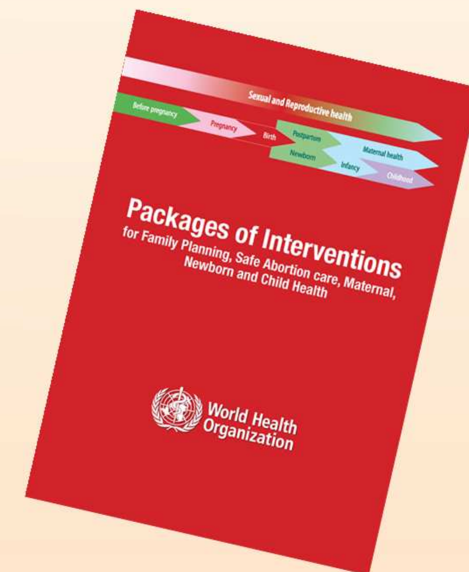
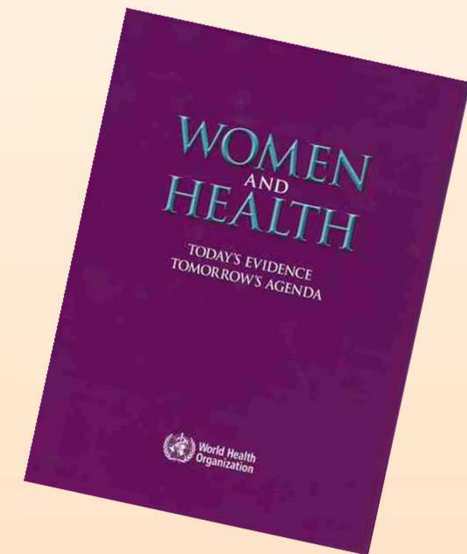
The contribution of WHO

- Norms and standards for evidence-based health policies, programmes and services
  - *Packages of interventions for family planning, safe abortion care, maternal, newborn and child health* which specify interventions to be provided at the community level, first-level health facilities and referral facilities, and list the key supplies and commodities needed
  - *Sexual and Reproductive Health Care Core Competencies for Primary Health*
  - *Reproductive health in refugee situations: an inter-agency field manual*
  - *Safe abortion: Technical and policy guidance for health systems*
  - *Guidelines on adolescents living with HIV*
  - *Clinical guidelines on MNH, FP, STIs*



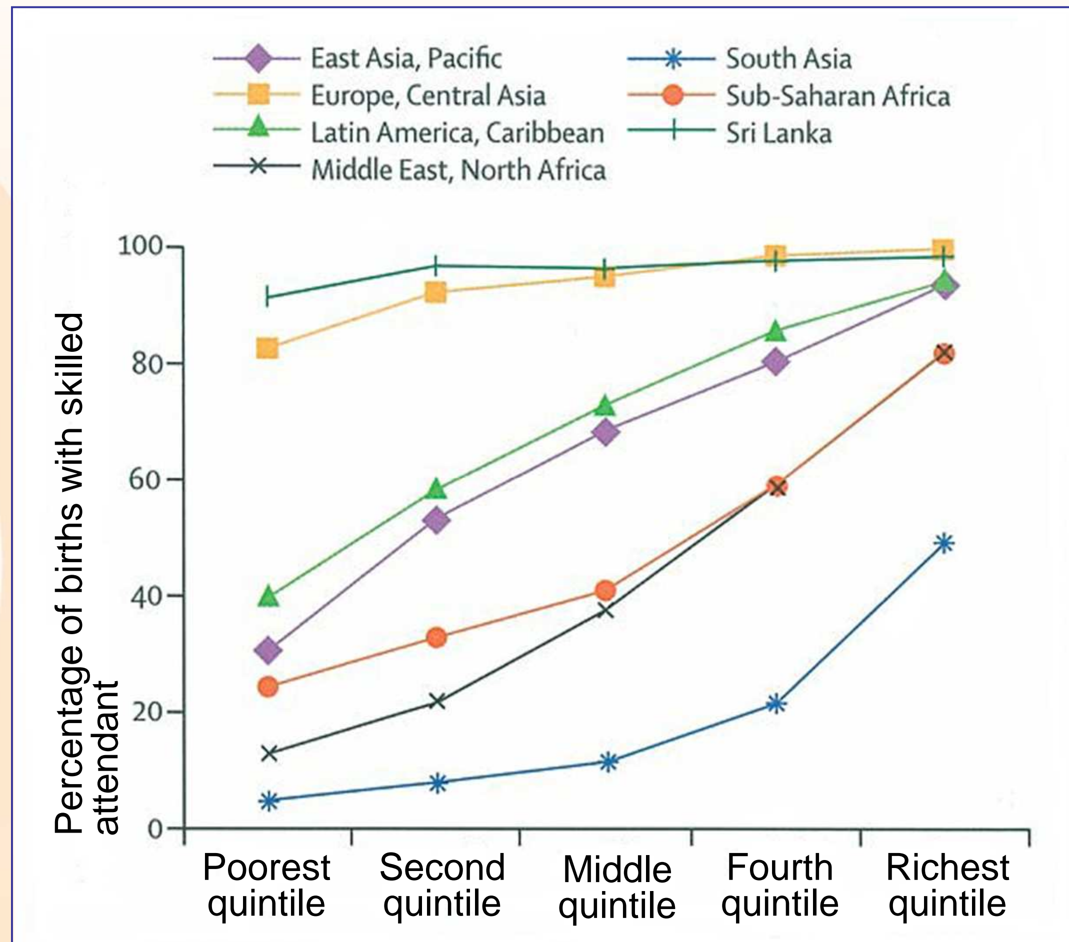
The contribution of WHO

- Tools for monitoring and evaluation
  - *An indicator framework for monitoring the implementation of the WHO Reproductive Health Strategy*
  - *Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer*
  - *Human rights tool for SRH,* and its adaptation for adolescents
  - *The Quality Assessment Guidebook: A guide to assessing health services for adolescent clients*
- Global monitoring and advocacy
  - "*Women and health*" report
  - *Inter-agency statement on gender-biased prenatal sex selection*
  - *Global, regional and country estimates of: maternal deaths, causes of maternal deaths, skilled birth attendance, use of antenatal care, unsafe abortions, etc.*



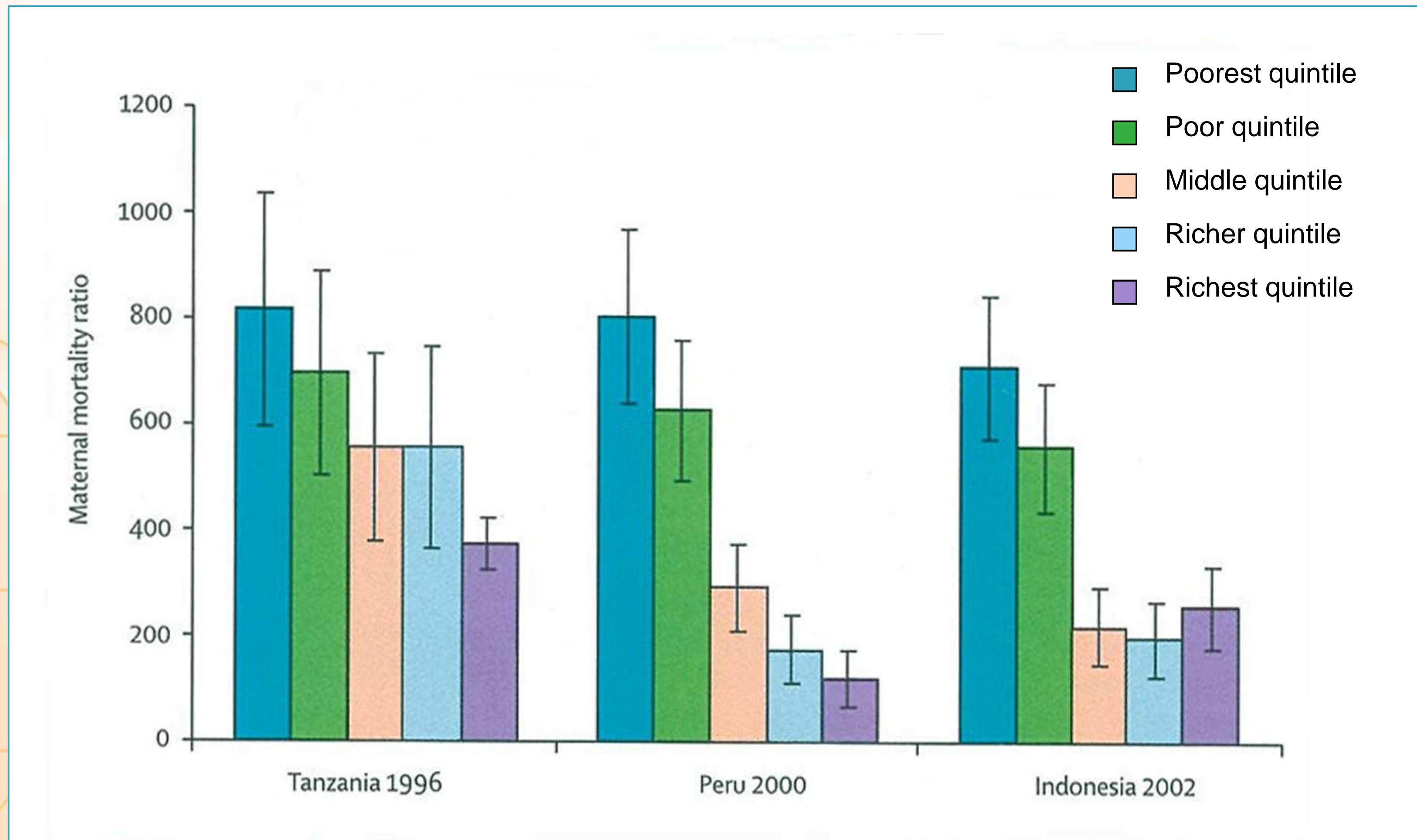
Thank you !

….. because the majority have no access to medically trained people at the time of delivery



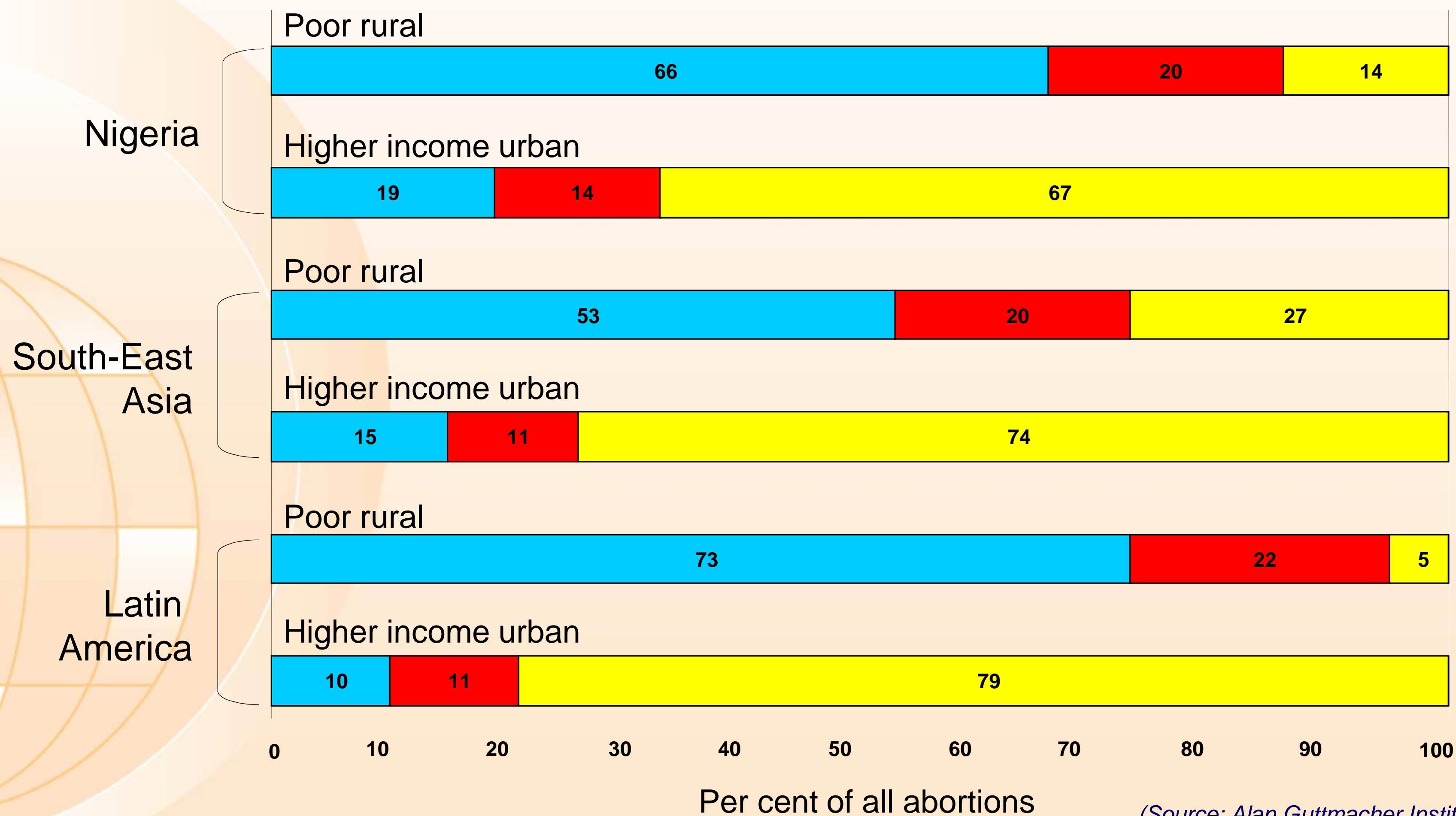
(Koblinsky et al., Lancet, 2006)

The risk of dying is substantially greater for poor women …..



(Ronsmans et al., Lancet, 2006)

In circumstances where abortion is illegal, the rich are more likely than the poor to have access to a safe procedure



(Source: Alan Guttmacher Institute, 1991)

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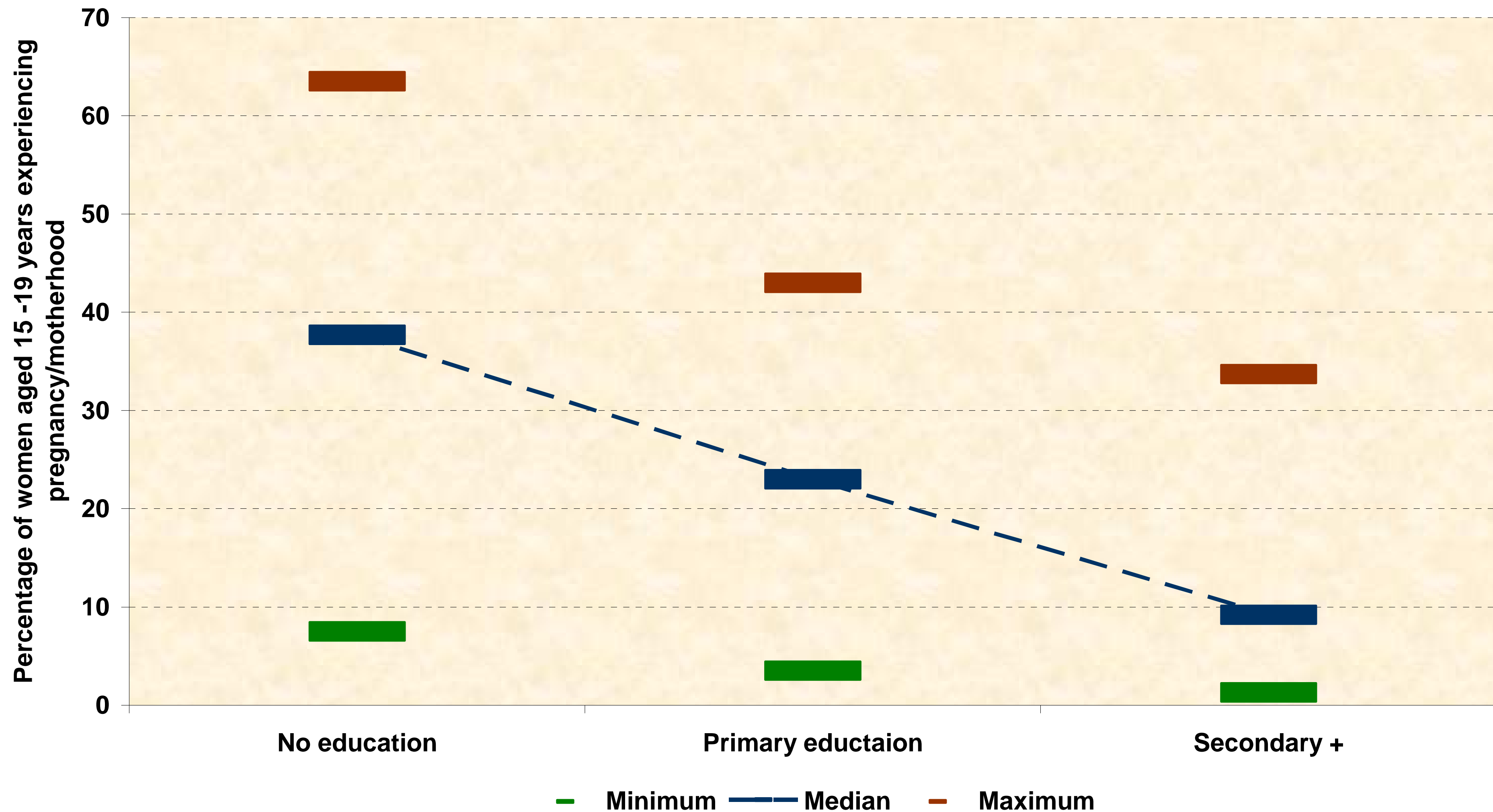
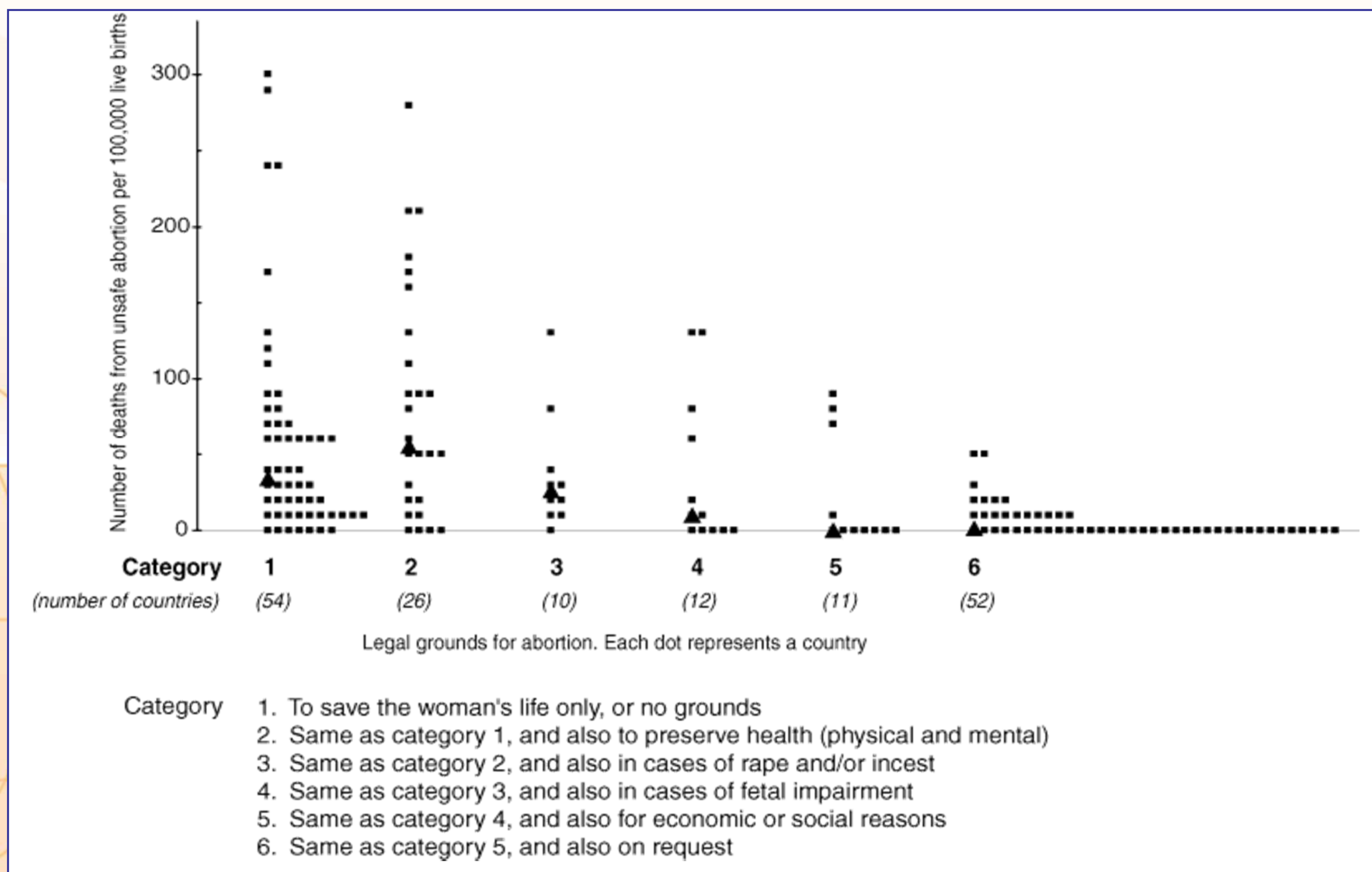
The more educated, the least chance that an adolescent girl will become pregnant



"Deaths attributed to unsafe abortion per 100,000 live births, by legal grounds" (WHO report 2008)



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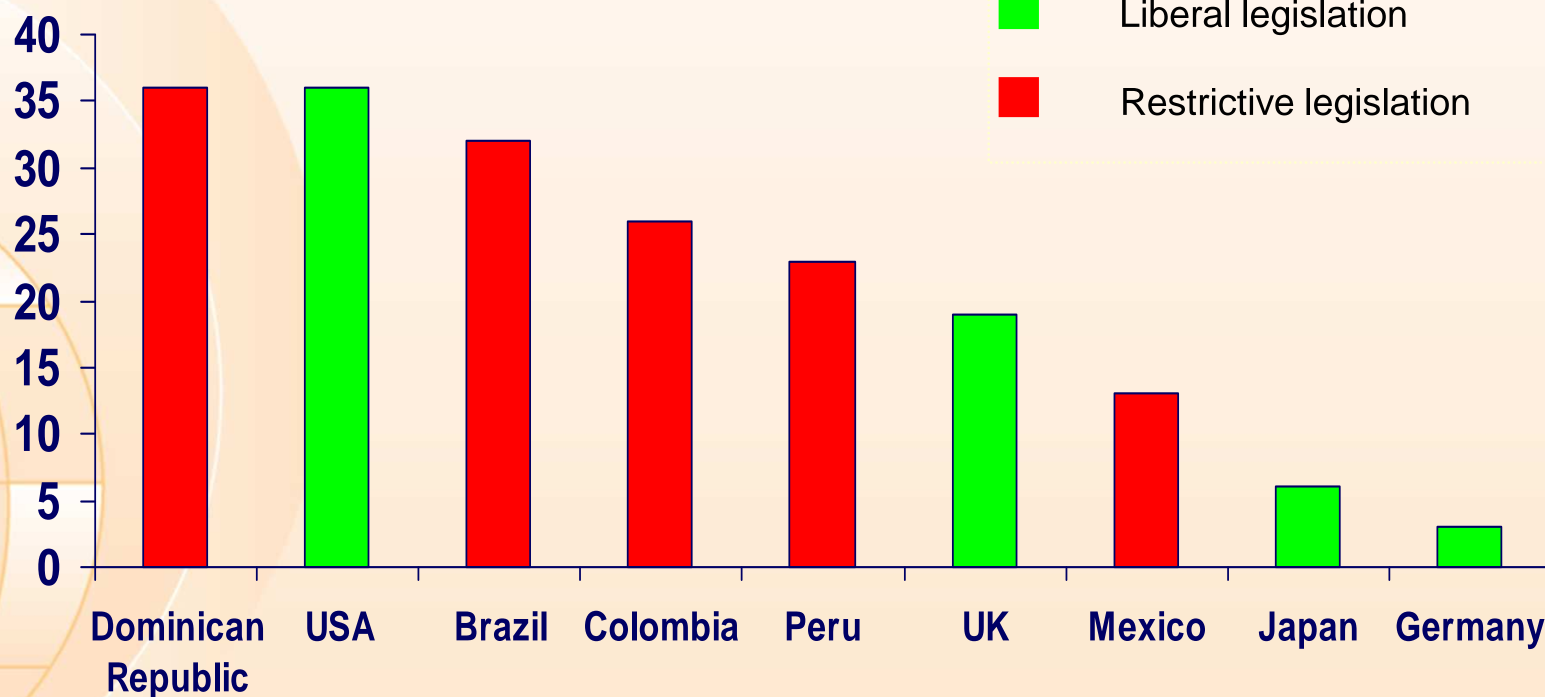
Abortion rates are not strongly influenced by legislation



(Source: Alan Guttmacher Institute, 1998)